## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                          |                                   |                             |                |                 |          |
|--|-----------------------------------|-----------------------------|----------------|-----------------|----------|
| 1 Date of Request: 3/30/06 2 Serial/Patent # 09/469277 |                                   |                             |                |                 |          |
| 3 Please refund the following fee(s):                  |                                   | 4 PAI<br>NUM                | PER<br>IBER    | 5 DATE<br>FILED | 6 AMOUNT |
|  | Filing                            |                             |                |                 | \$       |
|  | Amendment                         |                             |                |                 | \$       |
|  | Extension of Time                 |                             |                | ,               | \$       |
|  | Notice of Appeal/Appeal           |                             |                |                 | \$       |
|  | Petition                          |                             |                | 2/13/06         | \$130-   |
|  | Issue .                           |                             |                |                 | \$       |
|  | Cert of Correction/Terminal Disc. |                             |                |                 | \$       |
|  | Maintenance                       |                             |                |                 | \$       |
|  | Assignment                        |                             |                |                 | \$       |
|  | 0ther                             |                             |                |                 | \$       |
|  |                                   | 7 TOTAL AMOUNT<br>OF REFUND |                |                 | \$130-   |
|  |                                   | 8 TO BE REFUNDED BY:        |                |                 |          |
| 10 REASON:   |                                   |                             | Treasury Check |                 |          |
|  | Overpayment                       | Credit Deposit A/C #:       |                |                 |          |
|  | Duplicate Payment                 |                             | 925-1504       |                 |          |
|  | No Fee Due (Explanation):         |                             |                |                 |          |
|  |                                   |                             |                |                 |          |
|  |                                   |                             |                |                 |          |
|  |                                   |                             |                |                 |          |
| 11 REFUND REQUESTED BY:                                |                                   |                             |                |                 |          |
| TYPED/PRINTED NAMES 6 January TITLE:                   |                                   |                             |                |                 |          |
| SIGNATURE: PHONE: VYOLN                                |                                   |                             |                |                 |          |
| office: 4700   |                                   |                             |                |                 |          |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:              |                                   |                             |                |                 |          |
| APPROVED: SUPERIOR DATE: 3/3/100                       |                                   |                             |                |                 |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Steve C. Dake Et Al.

Group Art Unit:

2123

Serial No.:

09/469,277

Examiner:

Dwin M. Craig

Filed:

December 22, 1999

3 8

For:

Using Software Objects to

Communicate with Hardware Devices

Atty. Dkt. No.:

ITL.0278US (P7627)

Mail Stop PETITION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## PETITION TO WITHDRAW HOLDING OF ABANDONMENT

Dear Sir:

I hereby petition to withdraw the holding of abandonment in this case, on the basis of non-receipt of the Notice of Allowance.

## I hereby state:

- 1. We received a Notice of Abandonment dated February 2, 2006.
- I have conducted a search of the file jacket and docket records and both indicate that a Notice of Allowance was not received. Attached is a printout of the Case History which was generated from our docketing program which indicates that no Notice of Allowance was received.

In consideration of these submissions, it is respectfully requested that the holding of abandonment be withdrawn and that the Notice of Allowance be reissued.

02/14/2006 TBESHRH2 00000095 201504 09469277

01 FC:1464

130.00 DA

Adjustment date: 03/31/2006 CKHLOK 02/14/2006 TBESHAH2 00000095 201504 09469277 01 FC:1464 130.00 CR Date of Deposit:

I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mall with sufficient postage on the date indicated above and is addressed to the Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA \$2313-1450

Alexandria, VA \$2313-1450

Sherry Tipton

The petition fee (37 C.F.R. § 1.17(h)) should be charged to Deposit Account No. 20-1504 (ITL.0278US). Please charge Deposit Account No. 20-1504 (ITL.0278US) for any fee deficiency or credit this account for any overpayment for this petition.

Respectfully submitted,

Timothy M. Trop, Registration No. 28,994 TROP, PRUNER & HU, P.C.

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